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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/780,941
Filing Date	11/27/2003
First Named Inventor	HODGES
Art Unit	2171
Examiner Name	TRAM
Attorney Docket Number	B5030006

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR


☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:38516

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Scott P. Zimmerman PLLC				
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

Signature					
Name	Scott P. Zimmerman				
Date			Telephone	(819) 469-2629	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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&
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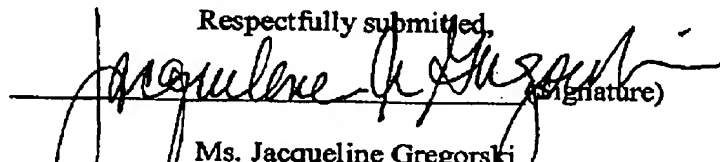
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